

California Department of Insurance

2011 Long Term Care (LTC) Rate Guide – Group Policies Report

A Policy Comparison Form is a listing of the policy benefits and sample premiums for each company. This report provides a list of **Group** LTC policies, by type (i.e. comprehensive, nursing home/residential only, or home care only) and for each company.

At the top of each Policy Comparison Form is the name of the company and the specific policy form number. Below the company's name and form number, a brief description of the policy is provided along with the specific benefits and features offered in each policy. On the bottom half of the Policy Comparison Form is a listing of sample premiums for various ages. You will notice that premiums in each column change depending upon whether the benefits will be paid out for three years or are lifetime benefits, and whether inflation protection is included or left out. Additional information on a company's premiums & benefits, can be found on the Additional Company Premium & Benefit Notes section of the LTC Consumer Rate Guide.

To view a specific company's Group LTC policy, please choose the **company's bookmark** on the left hand side of the Adobe Acrobat (pdf) report or you can click on the **company's name** which will take you to the LTC Rate History for that specific company.

LTC GROUP POLICIES REPORT		
COMPANY NAME	TYPE	FORM
CONTINENTAL CASUALTY COMPANY	COMPREHENSIVE	GLTC-3-P-CA-01-TQ
GENWORTH LIFE INSURANCE COMPANY	COMPREHENSIVE	7046POL-CA
METROPOLITAN LIFE INSURANCE COMPANY	COMPREHENSIVE	GPNP99-LTC-CA01/GC.LTC899C-CA01(CALENDAR)
METROPOLITAN LIFE INSURANCE COMPANY	COMPREHENSIVE	GPNP99-LTC-CA01/GC.LTC899C-CA01(SERVICE)
UNUM LIFE INSURANCE COMPANY OF AMERICA	COMPREHENSIVE	GLTC04(COMP)
UNUM LIFE INSURANCE COMPANY OF AMERICA	COMPREHENSIVE	RGLTC04(COMP)
METROPOLITAN LIFE INSURANCE COMPANY	NURSING HOME AND RESIDENTIAL CARE FACILITY	GPNP99-LTC-CA01/GC.LTC899FO-CA01(CALENDAR)
METROPOLITAN LIFE INSURANCE COMPANY	NURSING HOME AND RESIDENTIAL CARE FACILITY	GPNP99-LTC-CA01/GC.LTC899FO-CA01(SERVICE)
UNUM LIFE INSURANCE COMPANY OF AMERICA	NURSING HOME AND RESIDENTIAL CARE FACILITY	GLTC04(NFR)
UNUM LIFE INSURANCE COMPANY OF AMERICA	NURSING HOME AND RESIDENTIAL CARE FACILITY	RGLTC04(NFR)

NOTE: Group – Home Care Only is not available as a Tax-Qualified and Non-tax Qualified policy.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$350 maximum per [day, week or month] offered in increments of \$5.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☒ 70% ☒ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

We will waive premiums starting with the first premium due after the Waiting Period. We will continue to waive premiums until the first of the month following the end of the Plan of Care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$308	\$1,404	\$290	\$1,325		\$488	\$2,446	
55	\$416	\$1,596	\$392	\$1,506		\$661	\$2,757	
60	\$591	\$1,945	\$558	\$1,835		\$901	\$3,196	
65	\$848	\$2,356	\$800	\$2,223		\$1,245	\$3,755	
70	\$1,375	\$3,069	\$1,297	\$2,895		\$2,126	\$5,199	
75	\$2,145	\$3,967	\$2,024	\$3,742		\$3,478	\$7,001	
80	\$3,089	\$4,800	\$2,914	\$4,529		\$5,052	\$8,416	

Refer to Rate History Section for information on premium increases for this company.

Group

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$1500 minimum to \$12000 maximum per [day, week or month] offered in increments of \$150.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☒ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Explain here: Will waive premium payments that become due when benefits are payable under Nursing Home, Residential Care, Home Care, Bed Reservation, and Hospice.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$434	\$1,572	\$374	\$1,355		\$620	\$2,247	
55	\$608	\$1,924	\$524	\$1,659		\$876	\$2,771	
60	\$878	\$2,454	\$757	\$2,116		\$1,289	\$3,605	
65	\$1,395	\$3,398	\$1,202	\$2,930		\$2,115	\$5,155	
70	\$2,183	\$4,599	\$1,882	\$3,965		\$3,513	\$7,401	
75	\$3,298	\$6,340	\$2,843	\$5,466		\$5,647	\$10,855	
80	\$0	\$0	\$0	\$0		\$0	\$0	

Refer to Rate History Section for information on premium increases for this company.

METROPOLITAN LIFE INSURANCE COMPANY)-LTC-CA01/GC.LTC899C-CA01(CALENDAR)

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$75 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☒ 80% ☒ 75%
☒ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Explain here: Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$448	\$1,116	\$436	\$1,082		Not Available	Not Available
55	\$665	\$1,463	\$648	\$1,419		Not Available	Not Available
60	\$992	\$1,928	\$966	\$1,869		Not Available	Not Available
65	\$1,522	\$2,599	\$1,483	\$2,520		Not Available	Not Available
70	\$2,335	\$3,557	\$2,274	\$3,448		Not Available	Not Available
75	\$3,609	\$4,959	\$3,513	\$4,804		Not Available	Not Available
80	\$5,689	\$7,129	\$5,533	\$6,898		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

Group

METROPOLITAN LIFE INSURANCE COMPANY 99-LTC-CA01/GC.LTC899C-CA01(SERVICE)

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$75 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☒ 80% ☒ 75%
☒ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Explain here: Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$436	\$1,082	\$389	\$975		Not Available	Not Available
55	\$648	\$1,419	\$578	\$1,278		Not Available	Not Available
60	\$966	\$1,869	\$863	\$1,683		Not Available	Not Available
65	\$1,483	\$2,520	\$1,323	\$2,268		Not Available	Not Available
70	\$2,274	\$3,448	\$2,028	\$3,098		Not Available	Not Available
75	\$3,513	\$4,804	\$3,127	\$4,308		Not Available	Not Available
80	\$5,533	\$6,898	\$4,906	\$6,159		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

Group

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$1000 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$482	\$2,099	\$385	\$1,681		\$752	\$2,963
55	\$666	\$2,657	\$533	\$2,128		\$994	\$3,730
60	\$940	\$3,402	\$752	\$2,722		\$1,350	\$4,741
65	\$1,458	\$4,410	\$1,166	\$3,528		\$2,070	\$6,318
70	\$2,225	\$6,052	\$1,782	\$4,842		\$3,074	\$8,716
75	\$3,740	\$8,377	\$2,992	\$6,700		\$5,112	\$12,006
80	\$6,278	\$12,301	\$5,022	\$9,839		\$8,338	\$17,168

Refer to Rate History Section for information on premium increases for this company.

Group

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$1000 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$461	\$1,616	\$367	\$1,292		\$716	\$2,279
55	\$634	\$2,045	\$508	\$1,634		\$947	\$2,869
60	\$896	\$2,617	\$716	\$2,092		\$1,285	\$3,647
65	\$1,390	\$3,391	\$1,112	\$2,714		\$1,973	\$4,860
70	\$2,120	\$4,655	\$1,696	\$3,722		\$2,930	\$6,707
75	\$3,564	\$6,444	\$2,851	\$5,155		\$4,871	\$9,238
80	\$5,980	\$9,461	\$4,784	\$7,571		\$7,942	\$13,205

Refer to Rate History Section for information on premium increases for this company.

Group

METROPOLITAN LIFE INSURANCE COMPANY LTC-CA01/GC.LTC899FO-CA01(CALENDAR)

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☐ Lifetime

☒ Important Company Notes:

Notes: 10 YEARS ALSO AVAILABLE

Elimination Periods

☐ 0 days ☐ 60 days
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☒ Important Company Notes

Notes: This increase in coverage may be purchased without a health screen, as long as the insured has selected it once in every 2 offerings. This is offered to insured regardless of age, claim status, claim history or length in plan.

Nursing Home Daily Benefit Amounts

\$75 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

☒ per day ☐ per week ☐ per month

☐ Not Available

☒ Important Company Notes:

Notes: THESE SERVICES ARE REIMBURSED UP TO 100% OF THE DAILY BENEFIT

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 80% ☒ 75%
☒ 100% ☐ 90%
☒ 70% ☐ Important Company Notes

Waiver of Premium

Explain here: Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$192	\$625	\$185	\$600	Not Available	Not Available
55	\$301	\$840	\$289	\$807	Not Available	Not Available
60	\$477	\$1,135	\$458	\$1,090	Not Available	Not Available
65	\$778	\$1,574	\$747	\$1,510	Not Available	Not Available
70	\$1,268	\$2,214	\$1,216	\$2,122	Not Available	Not Available
75	\$2,058	\$3,150	\$1,971	\$3,016	Not Available	Not Available
80	\$3,291	\$4,503	\$3,149	\$4,306	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

Group

METROPOLITAN LIFE INSURANCE COMPANY 19-LTC-CA01/GC.LTC899FO-CA01(SERVICE)

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☐ Lifetime

☒ Important Company Notes:

Notes: 10 YEARS ALSO AVAILABLE

Elimination Periods

☐ 0 days ☐ 60 days ☐ TYPE
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☒ Important Company Notes

Notes: This increase in coverage may be purchased without a health screen, as long as the insured has selected it once in every 2 offerings. This is offered to insured regardless of age, claim status, claim history or length in plan.

Nursing Home Daily Benefit Amounts

\$75 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

☒ per day ☐ per week ☐ per month

☐ Not Available

☒ Important Company Notes:

Notes: THESE SERVICES ARE REIMBURSED UP TO 100% OF THE DAILY BENEFIT

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 80% ☒ 75%
☒ 100% ☐ 90%
☒ 70% ☐ Important Company Notes

Waiver of Premium

Explain here: Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$185	\$600	\$168	\$545	Not Available	Not Available
55	\$289	\$807	\$261	\$731	Not Available	Not Available
60	\$458	\$1,090	\$413	\$986	Not Available	Not Available
65	\$747	\$1,510	\$671	\$1,364	Not Available	Not Available
70	\$1,216	\$2,122	\$1,088	\$1,912	Not Available	Not Available
75	\$1,971	\$3,016	\$1,758	\$2,711	Not Available	Not Available
80	\$3,149	\$4,306	\$2,800	\$3,858	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

Group

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

Notes: 10 years

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Notes: Inflation Protection based on CPI.

Nursing Home Daily Benefit Amounts

\$1000 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$482	\$2,099	\$385	\$1,681		\$752	\$2,963	
55	\$666	\$2,657	\$533	\$2,128		\$994	\$3,730	
60	\$940	\$3,402	\$752	\$2,722		\$1,350	\$4,741	
65	\$1,458	\$4,410	\$1,166	\$3,528		\$2,070	\$6,318	
70	\$2,225	\$6,052	\$1,782	\$4,842		\$3,074	\$8,716	
75	\$3,740	\$8,377	\$2,992	\$6,700		\$5,112	\$12,006	
80	\$6,278	\$12,301	\$5,022	\$9,839		\$8,338	\$17,168	

Refer to Rate History Section for information on premium increases for this company.

Group

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime

☒ Important Company Notes:

Notes: 3, 4 and 10 years and Lifetime

Elimination Periods

☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Notes: Inflation Protection based on CPI.

Nursing Home Daily Benefit Amounts

\$1000 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

☐ per day ☐ per week ☒ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$461	\$1,616	\$367	\$1,292		\$716	\$2,279
55	\$634	\$2,045	\$508	\$1,634		\$947	\$2,869
60	\$896	\$2,617	\$716	\$2,092		\$1,285	\$3,647
65	\$1,390	\$3,391	\$1,112	\$2,714		\$1,973	\$4,860
70	\$2,120	\$4,655	\$1,696	\$3,722		\$2,930	\$6,707
75	\$3,564	\$6,444	\$2,851	\$5,155		\$4,871	\$9,238
80	\$5,980	\$9,461	\$4,784	\$7,571		\$7,942	\$13,205

Refer to Rate History Section for information on premium increases for this company.

Group